

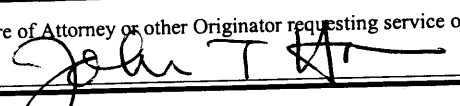
Case 2:05-cv-00525-WKW-DRB Document 5 Filed 07/20/2005 Page 1 of 1  
U.S. Department of Justice  
United States Marshals Service

PROCESS RECEIPT AND RETURN  
See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form

PLAINTIFF UNITED STATES OF AMERICA	RECEIVED 2005 JUN -3 A 11:19	COURT CASE NUMBER 2:05cv525F
DEFENDANT TWENTY-FIVE FIREARMS AND VARIOUS AMMUNITION		TYPE OF PROCESS COMPLAINT WARRANT OF ARREST
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DEFENDANTS - SEE ATTACHED LIST	
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) C/O ATFE, MONTGOMERY, ALABAMA	

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:  John T. Harmon United States Attorney's Office Assistant United States Attorney Post Office Box 197 Montgomery, Alabama 36101-0197	Number of process to be served with this Form - 285	2
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

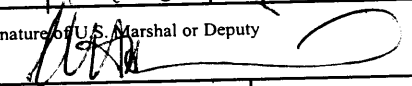
Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 06/3/05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
Address (complete only if different than shown above)				Date of Service 7/19/05	Time 7:15 pm	
				Signature of U.S. Marshal or Deputy 		
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount Owed to US Marshal or	Amount or Refund

REMARKS: